

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215502139						
1.) CORPORATION NAME: GRANITE CONSTRUCTION COMPANY		DUE DATE: 1/31/2015						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA		SCC ID NO: F0275976						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>30,000,000</td> </tr> <tr> <td>PREFER</td> <td>75,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	30,000,000	PREFER	75,000
CLASS	AUTHORIZED							
COMMON	30,000,000							
PREFER	75,000							
4.) STATE OR COUNTRY OF INCORPORATION: CA								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 585 W BEACH ST ATTN: LEGAL DEPT. CITY/ST/ZIP: WATSONVILLE, CA 95076 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
NAME: JAMES H ROBERTS TITLE: PRESIDENT ADDRESS: 585 WEST BEACH ST CITY/ST/ZIP/CO: WATSONVILLE, CA 95076	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
NAME: JIGISHA DESAI TITLE: VP/TREAS/AFO/AS ADDRESS: 585 WEST BEACH ST CITY/ST/ZIP/CO: WATSONVILLE, CA 95076	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: LAUREL J KRZEMINSKI TITLE: VP/CFO/AS ADDRESS: 585 WEST BEACH ST CITY/ST/ZIP/CO: WATSONVILLE, CA 95076	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: RICHARD A WATTS TITLE: VP/SECRETARY ADDRESS: 585 WEST BEACH ST CITY/ST/ZIP/CO: WATSONVILLE, CA 95076	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: CLAES BJORK TITLE: DIRECTOR ADDRESS: 585 WEST BEACH STREET CITY/ST/ZIP/CO: WATSONVILLE, CA 95076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
NAME: JAMES BRADFORD TITLE: DIRECTOR ADDRESS: 585 WEST BEACH STREET CITY/ST/ZIP/CO: WATSONVILLE, CA 95076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY CUSUMANO DIRECTOR 585 WEST BEACH STREET WATSONVILLE, CA 95076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM G DOREY DIRECTOR 585 WEST BEACH ST WATSONVILLE, CA 95076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID KELSEY DIRECTOR 585 WEST BEACH STREET WATSONVILLE, CA 95076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REBECCA MCDONALD DIRECTOR 585 WEST BEACH STREET WATSONVILLE, CA 95076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM POWELL DIRECTOR 585 WEST BEACH STREET WATSONVILLE, CA 95076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GADDI VASQUEZ DIRECTOR 585 WEST BEACH STREET WATSONVILLE, CA 95076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RICHARD A WATTS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD A WATTS, VP/SECRETARY PRINTED NAME AND CORPORATE TITLE	1/9/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			